
State: Arkansas **Filing Company:** Columbian Life Insurance Company
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
Product Name: FPDC 5F115-CL
Project Name/Number: CML/82/82

Filing at a Glance

Company: Columbian Life Insurance Company
Product Name: FPDC 5F115-CL
State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable
Sub-TOI: A02I.002 Flexible Premium
Filing Type: Form
Date Submitted: 08/02/2012
SERFF Tr Num: FRCS-128611771
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5490

Implementation: On Approval
Date Requested:
Author(s): Marilyn Odell
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/24/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Columbian Life Insurance Company
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
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General Information

Project Name: CML/82	Status of Filing in Domicile: Not Filed
Project Number: 82	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/24/2012
	State Status Changed: 08/24/2012
Deemer Date:	Created By: Marilyn Odell
Submitted By: Sheila Lawrence	Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Columbian Life Insurance Company to file the enclosed forms for approval in your state.

The forms in this filing are new and will not replace any previously approved forms.

Our fee of \$150 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Contract FORM NO. 5F115A-CL is a flexible premium fixed (non-variable) deferred annuity. Expected payments are a single premium with the option to pay additional premiums at a later time. It provides for an accumulation fund (called "account value" in contract) to which current interest at or above a fixed guaranteed minimum rate may be credited. The target market is Preneed.

Applications FORM NO. A354E-CL and Form No. A355E-CL will be used to apply for the contract. These applications will also be used to apply for life insurance policies or certificates previously approved by your Department.

The Company intends to make secured electronic versions of the application available to our agents for the purpose of printing and electronically completing applications in the field. The electronic process will include the use of appropriate industry recognized technology and security in order to capture data and signatures. The text of the electronic form will be identical to the form approved by your Department. While electronic forms may result in changes or variations in margins, formatting and pagination, the text will not be less than ten-point type and the form will meet the readability standards. Any electronic transmissions of the application and data will be secured via industry recognized methods.

In the future, the Company would like to include an option for the insured to complete their application on the internet in addition to continuing the option for a traditional paper application. The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically. The Company will ensure security and the privacy of the applicant will be protected. The online application, when printed, will have the exact text as the paper version of the application form.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

State: Arkansas
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
Product Name: FPDC 5F115-CL
Project Name/Number: CML/82/82

Filing Company: Columbian Life Insurance Company

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist
1020 Central
Suite 201
Kansas City, MO 64105

marilyn.odell@firstconsulting.com
800-927-2730 [Phone] 2835 [Ext]
816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

Columbian Life Insurance Company	CoCode: 76023	State of Domicile: Illinois
4704 Vestal Parkway East	Group Code: 535	Company Type:
P.O. BOX 1381	Group Name:	State ID Number:
Binghamton, NY 13902-1381	FEIN Number: 16-1321681	
(800) 328-2739 ext. 203[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 3 = \$150
Per Company:	No

Company	Amount	Date Processed	Transaction #
Columbian Life Insurance Company	\$150.00	08/02/2012	61386626

State:	Arkansas	Filing Company:	Columbian Life Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium		
Product Name:	FPDC 5F115-CL		
Project Name/Number:	CML/82/82		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/24/2012	08/24/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/13/2012	08/13/2012

Response Letters

Responded By	Created On	Date Submitted
Marilyn Odell	08/24/2012	08/24/2012

State:	Arkansas	Filing Company:	Columbian Life Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium		
Product Name:	FPDC 5F115-CL		
Project Name/Number:	CML/82/82		

Disposition

Disposition Date: 08/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of Compliance		Yes
Form	Flexible Premium Deferred Annuity Contract		Yes
Form	Application for Individual Life Insurance or Annuity		Yes
Form	Application for Individual Single Pay Life Insurance or Annuity		Yes

State: Arkansas **Filing Company:** Columbian Life Insurance Company
TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
Product Name: FPDC 5F115-CL
Project Name/Number: CML/82/82

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/13/2012
Submitted Date	08/13/2012
Respond By Date	09/13/2012

Dear Marilyn Odell,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Individual Life Insurance or Annuity, FORM NO. A354E-CL (Form)

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The application is in violation of Guideline one of this bulletin. Please review the bulletin and make the necessary corrections.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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TOI/Sub-TOI: A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium
Product Name: FPDC 5F115-CL
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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/24/2012
Submitted Date	08/24/2012

Dear Linda Bird,

Introduction:

In response to your objection letter dated 8-13-12, on behalf of Columbian Life Insurance Company, we offer the following for your consideration.

Response 1

Comments:

The policy referenced is Form No. 9F113N-CL, approved by the Department on August 24, 2001. During the first policy year, the death benefit is equal to 110% of the premiums paid. During the second policy year, the death benefit is equal to the face amount or, if less, 116% of the premiums paid.

Beginning in the third policy year, the full benefit is paid. Prior to approval, the Analyst did require a change to comply with Guideline Two regarding accidental death benefits. There was no objection regarding compliance with Guideline One.

Related Objection 1

Applies To:

- Application for Individual Life Insurance or Annuity, FORM NO. A354E-CL (Form)

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The application is in violation of Guideline one of this bulletin. Please review the bulletin and make the necessary corrections.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

Marilyn Odell

State:	Arkansas	Filing Company:	Columbian Life Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium		
Product Name:	FPDC 5F115-CL		
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Form Schedule

Lead Form Number: FORM NO. 5F115A-CL							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		FORM NO. 5F115A-CL	POL	Flexible Premium Deferred Annuity Contract	Initial:	50.100	5F115A-CL.pdf
2		FORM NO. A354E-CL	AEF	Application for Individual Life Insurance or Annuity	Initial:	50.000	A354E-CL.pdf
3		Form No. A355E-CL	AEF	Application for Individual Single Pay Life Insurance or Annuity	Initial:	53.000	A355E-CL.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381

TELEPHONE: (800) 423-9765
WEBSITE: www.cfqlife.com

IT IS IMPORTANT THAT YOU READ YOUR CONTRACT CAREFULLY

This is a legal contract between the Owner and the Columbian Life Insurance Company. This Contract sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE CONTRACT

If this Contract is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Contract should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Contract will be deemed void from the beginning.

DANIEL J. FISCHER
Secretary

THOMAS E. RATTMANN
Chairman, President
and Chief Executive Officer

**FLEXIBLE PREMIUM DEFERRED ANNUITY CONTRACT
NON-PARTICIPATING – NO DIVIDENDS PAID
DEATH BENEFIT BEFORE MATURITY
ANNUITY PAYABLE AT MATURITY DATE**

COLUMBIAN LIFE INSURANCE COMPANY

ALPHABETIC GUIDE TO CONTRACT PROVISIONS

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ANNUITANT: [JOHN DOE]
SEX: [MALE]
AGE: [60]

CONTRACT NUMBER: [SPECIMEN]
EFFECTIVE DATE: [JULY 1, 2010]

Contract Number: [123456]
Effective Date: [July 1, 2010]
Initial Premium Payment: [\$1,000]

Annuitant: [John Doe]
Annuitant's age: [60]
Annuitant's sex: [Male]
Maturity date: [July 1, 2070]
Automatic Payout benefit option: 10 Years Certain then Life

Contract Constants

Guaranteed account value interest rate: [3.00%]
Maximum total premiums in all years: [\$25,000]
Maximum maturity age: age 120
Minimum additional premium payment: \$50
Minimum annuity payment amount \$20

Surrender charge percentages:

<u>Contract Year</u>	<u>Percentage</u>
1st	3%
2nd	2%
3rd	1%
4 th & Later	0%

ENDORSEMENTS:

CONTRACT NUMBER: [SPECIMEN]

ANNUITANT: [JOHN DOE]

FORM NO.	DESCRIPTION
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[]	[]
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THESE ENDORSEMENTS ARE A PART OF THE CONTRACT TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE CONTRACT PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

COLUMBIAN LIFE INSURANCE COMPANY

SCHEDULE OF CONTRACT VALUES

End of Contract Year	Guaranteed Account Value	Guaranteed Surrender Value
-----	-----	-----
1	[1,030.00	999.10
2	1,060.90	1,039.68
3	1,092.73	1,081.80
4	1,125.51	1,125.51
5	1,159.27	1,159.27
6	1,194.05	1,194.05
7	1,229.87	1,229.87
8	1,266.77	1,266.77
9	1,304.77	1,304.77
10	1,343.92	1,343.92
11	1,384.23	1,384.23
12	1,425.76	1,425.76
13	1,468.53	1,468.53
14	1,512.59	1,512.59
15	1,557.97	1,557.97
16	1,604.71	1,604.71
17	1,652.85	1,652.85
18	1,702.43	1,702.43
19	1,753.51	1,753.51
20	1,806.11	1,806.11]

Attained Age	Guaranteed Account Value	Guaranteed Surrender Value
-----	-----	-----
65	[1,159.27	1,159.27
80	1,806.11	1,806.11
120	5,891.60	5,891.60]

The above values assume an initial *premium payment* of [1,000].

DEFINITIONS

Account Value: In the accumulation phase, the *account value* is the premium payments plus interest.

Anniversary: The same month and day each year as the effective date shown in the **Specifications** section.

Annuitant: The person whose continued survival determines the continuation of lifetime *annuity payments*. The *annuitant* may not be changed.

Annuity Payment: Money we pay periodically to the payee in the payout phase.

Beneficiary: The person or entity that is named to receive any benefits payable upon death of the *annuitant* in the accumulation phase or in the payout phase.

Contract Year: A year as measured from the effective date and as measured from each *anniversary*.

Owner: The person or entity that may exercise the rights of this contract. The *owner* is referred to in this contract as “you” and “your.”

Premium Payment: Money paid to us. This money is added to the *account value* upon receipt. The first payment was to start this contract.

Surrender Value: The *account value* less any *surrender charge*.

Surrender Charge: The amount charged by us in the event of a surrender.

CONTRACT OVERVIEW

This overview is provided to help you understand your contract. It does not replace or supercede the provisions of the contract.

Italicized terms in the contract are either defined in the **Definitions** section (e.g. *account value*) or they refer to number values in the **Contract Constants** section of the contract (e.g. *Maximum maturity age*).

Columbian Life Insurance Company is referred to as “we”, “us” and “our” throughout the contract.

A deferred annuity consists of two phases – an accumulation phase and a payout phase.

In the accumulation phase, the money in the *account value* is credited with interest by us. Additional *premium payments* may be made. A deferred annuity will always start with an accumulation phase. If you die during the accumulation phase, a death benefit equal to the *account value* will be paid.

To begin a payout phase, money in either the *account value* or *surrender value* is applied from the accumulation phase. This money is exchanged for the right to have periodic *annuity payments* paid by us to a designated payee. This is called the payout benefit. A payout phase of the *account value* is scheduled to occur on the maturity date noted in the **Specifications** section. A payout phase of the *surrender value* may occur at any time prior to the maturity date if desired.

There are particular rights and benefits that apply to each of the accumulation phase and payout phase. Some rights and benefits are of a general nature and so apply to both phases. The provisions of this contract are organized into three sections **General Provisions**, **Accumulation Phase Provisions**, and **Payout Phase Provisions**, to reflect these different categories of rights and benefits.

GENERAL PROVISIONS

Entire Contract

This contract, any endorsements or riders and the application attached shall constitute the entire contract between you and us. All statements made in the application will be deemed representations and not warranties. Only our President or Secretary may change the contract. Changes must be in writing.

Minimum Benefits

All *account values*, *surrender values* and death benefits are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, model #805.

Contestability

This contract will be incontestable from the effective date.

Assignment

If the laws allow, you may assign this contract. You must notify us of the assignment at our Administrative Service Office. We will not be liable for actions taken prior to your notification to us. We will not be responsible for the validity of any assignment. Any change will be effective on the date the notice is signed, subject to our receipt. We will not be liable for actions taken in accordance with existing instructions prior to receipt of a change.

Loans

This contract does not provide for loans.

Non-Participating

This contract is non-participating. No dividends will be paid.

Owner

The *owner* of this contract is named on the application.

We must be notified in writing and agree to any change to the *owner*. We will not be responsible for the validity of the arrangement. Any change will be effective on the date the notice is signed, subject to our receipt. We will not be liable for actions taken in accordance with existing instructions prior to receipt of a change. Upon the death of the *owner* while this contract is in force, any designated contingent owner shall become the *owner*. If no contingent owner has been designated, the *annuitant* will become the *owner*.

Beneficiary

One or more persons may be named as *beneficiary* on the application. Unless otherwise stated, all *beneficiaries* will share equally in the amounts payable. Any benefits payable upon death of the *annuitant* in the accumulation phase or in the payout phase, which would be payable to any *beneficiary* who dies before the annuitant, will be paid to any remaining *beneficiaries*.

We must be notified in writing of any change to the *beneficiary*. We will not be responsible for the validity of the arrangement. Any change will be effective on the date the notice is signed, subject to our receipt. We will not be liable for actions taken in accordance with existing instructions prior to receipt of a change.

Persons/Entities

Singular references to *owner*, *beneficiary*, *payee* and *annuitant* throughout this contract may be extended to legal arrangements involving joint or contingent persons/entities.

ACCUMULATION PHASE PROVISIONS

Premiums

You may make *premium payments* to this contract at any time subject to the following:

- (A) A *premium payment* must not be less than the *minimum additional premium payment*.
- (B) *Premium payments* must be made before the maturity date.
- (C) *Premium payments* in total cannot exceed the *maximum total premium in all contract years*.

Interest

We will credit the *account value* with interest daily. Rates of interest will be declared by us. The rate will never be below the *guaranteed account value interest rate*.

Death Benefits

The *account value* is the death benefit payable upon due proof of death of the *annuitant*.

The death benefit will be paid to the *beneficiary*. However, if no *beneficiary* is living or if no *beneficiary* has been named, the death benefit will be paid to the *owner* or to the estate of the *owner*.

The payment of the death benefit must be made within five (5) years of the death. However, the death benefit may be paid to a named *beneficiary* who is a natural person in substantially equal installments over his or her lifetime or in a payment over a fixed period not exceeding the life expectancy of the *beneficiary*, if the payments start no later than one year after death.

The death benefit will only be paid once under this contract.

Maturity

On the maturity date, the entire *account value* may be taken in cash or may be applied to purchase a payout benefit. If no option is specified, the 10-year certain and life *annuity payments* option will be deemed the selection.

Surrender Value

You may surrender this Contract prior to the maturity date. The *surrender value* is the *account value* less any *surrender charge*. The *surrender value* may be taken in cash or may be applied to purchase a payout benefit. Partial surrenders are not allowed. We may defer payment of the *surrender value* up to six months.

Surrender Charge

Any applicable *surrender charges* will be deducted from the *account value* at the time of surrender. The charge is a percentage of the account value. The table of *surrender charges* on the Contract Specifications page shows the percentage and applicable contract years.

Annual Report

At least once each *contract year*, we will mail you a report of the values of this contract. This report will include the following:

- (A) The beginning and end dates of the current report period;
- (B) The *account value*, if any, at the beginning and end of the current report period;
- (C) The amounts credited or debited to the *account value* during the current report period; and
- (D) The *surrender value*, if any, at the end of the current report period.

The information will be as of a date not more than two months prior to the date of mailing. Additional reports will be provided upon your written request at a charge no greater than \$25.

Automatic Nonforfeiture

If no premiums are received in any *contract year*, this contract will continue on a paid-up basis. *Premium payments* may be resumed at any time while this contract is in force subject to other provisions of this contract.

PAYOUT PHASE PROVISIONS

Payout Benefits

Payout benefits are periodic *annuity payments* we make in exchange for money applied from the *account value* at the time of either surrender or maturity. On the maturity date, the money applied will equal the *account value*. Upon surrender, the money applied will equal the *surrender value*. Payout benefits available under this contract are listed in Payout Benefit Options below. A periodic *annuity payment* must be at least equal to the *minimum annuity payment amount*. If the money applied is less than the *minimum annuity payment amount*, the entire amount of money applied will be paid in a lump sum. For *annuity payments* payable over the lifetime of the *annuitant*, the *annuitant* must be a person and we may require proof of the *annuitant's* continued survival at any time. If we request this proof in writing, we may stop payments until the proof is received.

Payout Benefit Options

Life Only Annuity Payments:

This option provides level monthly *annuity payments* while the *annuitant* is living. Upon the death of the *annuitant*, *annuity payments* stop. This option is available if the payout benefit begins on or before age 105.

10-Year Certain and Life Annuity Payments:

This option provides level monthly *annuity payments* while the *annuitant* is living. If the *annuitant* dies before 10 years of *annuity payments* (120 *annuity payments*) are made, the remaining scheduled *annuity payments* will be made to the *beneficiary* until 120 *annuity payments* are made. If no *beneficiary* is living or if no *beneficiary* has been named, the payments will be paid to the *owner* or to the estate of the *owner*.

10-Year Certain Only Annuity Payments:

This option provides level monthly *annuity payments* for 10 years (120 *annuity payments*). There are no *annuity payments* after 120 months even if *annuitant* is still alive. If the *annuitant* dies before 10 years of *annuity payments* (120 *annuity payments*) are made, the remaining scheduled *annuity payments* will be made to the *beneficiary* until 120 *annuity payments* are made. If no *beneficiary* is living or if no *beneficiary* has been named, the payments will be paid to the *owner* or to the estate of the *owner*.

Other Options:

We may offer options other than those listed above. The calculation of the *annuity payments* under these options will be consistent with the above options.

Automatic Payout Benefit:

If no payout benefit option is elected, the 10-Year Certain and Life *Annuity Payments* will be the automatic payout benefit.

Benefit Correction if Incorrect Age

If the *annuity payments* under any option were determined by data as to an *annuitant's* age that is incorrect, the *annuity payments* will be recalculated to be those that the money applied would have purchased at the correct age. Any amounts underpaid by us on the basis of incorrect age will be paid when the correction is made. Any amounts overpaid by us on the basis of incorrect age will be charged against *annuity payments* due after the correction is made. Amounts paid or charged will be adjusted based on an interest rate of 6% per annum.

Benefit Correction if Incorrect Sex

If the *annuity payments* under any option were determined by data as to an *annuitant's* sex that is incorrect, the *annuity payments* will be recalculated to be those that the money applied would have purchased at the correct sex. Any amounts underpaid by us on the basis of incorrect sex will be paid when the correction is made. Any amounts overpaid by us on the basis of incorrect sex will be charged against *annuity payments* due after the correction is made. Amounts so paid or charged will be adjusted based on an interest rate of 6% per annum.

Guaranteed Minimum Annuity Payments

Annuity payments under any of the payout benefit options will not be less than those offered on our single premium immediate annuity contracts, if available, at the time of commencement with equivalent money applied.

Monthly *annuity payments* per \$1,000 applied will not be less than the values shown in the Guaranteed Minimum *Annuity Payment Values Chart*. Age, if applicable, is calculated as of the *annuitant's* birth date nearest option commencement. These *annuity payments* were calculated using the mortality table and interest rate listed on the **Guaranteed Minimum Annuity Payment Values Chart**. Minimum *annuity payments* for ages not listed will be calculated consistently.

If the *annuity payments* calculated under the selected payout benefit option can be duplicated or exceeded when calculated under the same parameters but assuming more whole years of certain payments, the longest certain period where this is true will be deemed selected.

Guaranteed Minimum *Annuity Payment* Values Chart

Monthly <i>annuity payments</i> per \$1,000 applied <i>Annuity payments</i> that may depend on <i>annuitant's</i> continued survival				
Age <i>Annuity Payments</i> Begin	Life Only		10-Years Certain and Life	
	Male	Female/Unisex	Male	Female/Unisex
55	3.90	3.60	3.86	3.58
56	4.00	3.68	3.95	3.65
57	4.09	3.76	4.04	3.73
58	4.19	3.85	4.13	3.82
59	4.30	3.94	4.23	3.90
60	4.42	4.04	4.34	4.00
61	4.54	4.14	4.45	4.09
62	4.67	4.25	4.56	4.20
63	4.81	4.37	4.69	4.31
64	4.96	4.50	4.82	4.42
65	5.12	4.63	4.95	4.54
66	5.30	4.77	5.09	4.67
67	5.48	4.93	5.24	4.80
68	5.67	5.09	5.39	4.95
69	5.88	5.27	5.54	5.10
70	6.10	5.46	5.71	5.26
71	6.33	5.66	5.87	5.42
72	6.58	5.89	6.04	5.60
73	6.85	6.12	6.22	5.78
74	7.13	6.38	6.39	5.96
75	7.44	6.66	6.57	6.16
76	7.77	6.97	6.75	6.36
77	8.11	7.29	6.93	6.56
78	8.49	7.65	7.11	6.77
79	8.89	8.03	7.29	6.97
Mortality table: Annuity 2000 Interest Rate: 2% annually				

***Annuity payments for 10 years* that do not depend upon *annuitant's* continued survival**

Monthly *Annuity Payments*: 9.18
Interest Rate: 2% annually



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381

TELEPHONE: (800) 423-9765
WEBSITE: www.cfqlife.com

**FLEXIBLE PREMIUM DEFERRED ANNUITY CONTRACT
NON-PARTICIPATING – NO DIVIDENDS PAID
DEATH BENEFIT BEFORE MATURITY
ANNUITY PAYABLE AT MATURITY DATE**

**APPLICATION FOR
LIFE INSURANCE
OR ANNUITY****COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: PO BOX 1381 BINGHAMTON, NY 13902-1381

A - GENERAL INFORMATION

Name of Proposed Insured / Annuitant (First, Middle, Last) _____ Date of Birth _____ Age Nearest _____ Sex _____ Social Security No. _____

Home Address/Apt. #, City, State, Zip Code _____

Telephone No. _____

Owner's Name & Address (If Other Than Proposed Insured / Annuitant) _____

Relationship to Insured / Annuitant _____

Social Security No./Tax ID No. _____

Telephone No. _____

Payor ☐ INSURED / ANNUITANT ☐ OWNER ☐ OTHER (If "Other", Include Full Name & Address in Remarks Section)
Secondary Addressee (Full Name and Address) _____

Beneficiary Designation (Full Name & Address) _____

Relationship To Insured / Annuitant _____

Plan of Insurance:☐ Single Pay Life: ☐ Business Builder ☐ Assurity ☐ Tailored☐ Graded Benefit: ☐ 3 Pay ☐ 5 Pay ☐ 7 Pay ☐ 10 Pay☐ Multi-Pay Life: ☐ 3 Pay ☐ 5 Pay ☐ 7 Pay ☐ 10 Pay☐ Flexible Premium Deferred Annuity: Initial \$ _____Amount of
Insurance:

\$ _____

Premium Amount

Paid: \$ _____

Number of Modal
Premiums

Paid: _____

Mode/Method of Payment:☐ Annual ☐ Coupon Book☐ Semi-Annual ☐ Other☐ Quarterly ☐ EFT*☐ Monthly *Complete attached
form.**B - HEALTH HISTORY** (Complete for Multi-Pay plans only. Do not answer if applying for Single Premium or Annuity.)

- 1] Has the Proposed Insured been diagnosed by a member of the medical profession with a terminal illness (a medical condition that is reasonably expected to result in death within twelve (12) months of the date of diagnosis) or is the Proposed Insured bedridden, in a hospital, hospice, or a nursing home?..... ☐ YES ☐ NO

IF THE ANSWER TO QUESTION #1 IS "YES" THE PROPOSED INSURED IS ELIGIBLE FOR A 3 PAY, 5 PAY, 7 PAY OR 10 PAY PLAN THAT RETURNS THE PREMIUMS PAID PLUS AN ADDITIONAL PERCENTAGE OF PREMIUM WHEN DEATH OCCURS WITHIN THE FIRST TWO YEARS THE POLICY IS IN FORCE.

WILL YOU ACCEPT? ☐ YES ☐ NO

- 2] Within the past five (5) years, has the Proposed Insured been diagnosed or treated by a medical practitioner:
- a) for congestive heart failure, heart attack, angina pectoris (chest pain), stroke, angioplasty or bypass surgery, or had or been advised to have surgery for a heart condition or blood vessel disease or disorder?..... ☐ YES ☐ NO
- b) for internal cancer, leukemia, kidney failure, cirrhosis of liver, diabetic coma or insulin shock, Alzheimer's Disease, mental illness, alcoholism, or drug dependence? ☐ YES ☐ NO
- c) as having an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?..... ☐ YES ☐ NO
- d) for an amputation caused by disease; or been treated for any respiratory disease by use of oxygen equipment to assist in breathing?..... ☐ YES ☐ NO

IF THE ANSWER TO ANY OF THE QUESTIONS IN #2 IS "YES", THE PROPOSED INSURED IS ELIGIBLE FOR A 3 PAY, 5 PAY, 7 PAY OR 10 PAY PLAN THAT HAS A GRADED DEATH BENEFIT.

WILL YOU ACCEPT? ☐ YES ☐ NO

C - REPLACEMENT

Do you (the Proposed Insured) have any existing life insurance or annuities? ☐ YES ☐ NO

Is this application for insurance intended to replace any life insurance or annuities now in force? ☐ YES ☐ NO

(If "YES" to either question, submit any special forms required by the state in which the application is signed.)

D - SPECIAL REQUESTS/REMARKS

E - CONDITIONS RELATING TO THE APPLICATION

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy/contract issued. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of the Company's other rights or requirements; **that any policy applied for shall not take effect (except as provided in the Conditional Receipt) unless and until the policy has been issued and delivered and the full first premium, according to the mode of payment selected by the applicant (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.**

F - AUTHORIZATION & ACKNOWLEDGMENT

I **authorize** any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any other proposed insured, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I **understand** my information may be subject to re-disclosure to a third party and may no longer be protected by federal privacy laws. I **understand** a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, and will survive my death if it occurs during such two (2) year period. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. I **have read and understand** the Conditions Relating to the Application and the Authorization & Acknowledgment. I **acknowledge** receipt and review of the Information Practices Relating to Underwriting Your Application. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.** I understand that I or my authorized representative may receive a copy of this Authorization & Acknowledgment upon request.

If I am not the Proposed Insured / Annuitant, I hereby certify under penalty of perjury to the best of my knowledge and belief that I am authorized to effectuate insurance on the life of the Proposed Insured / Annuitant in that I have an insurable interest as defined by the applicable laws of my state.

_____	X	_____		
Date		Proposed Insured / Annuitant		
_____	X	_____		
Dated At (City, State)		Applicant/Owner	Relationship	to Proposed
Insured/Annuitant				

REPORT OF LICENSED AGENT:

Does the Proposed Insured have any existing life insurance or annuities? ☐ YES ☐ NO
Is this application for insurance intended to replace any life insurance or annuities now in force? ☐ YES ☐ NO
(If "YES" to either question, submit any special forms required by the state in which the application is signed.)

_____	X	_____
Name of Agency Office (Print)		Licensed Agent
_____		_____
Agency Number	Agent Number	Agent's State License Identification No.
		(in jurisdictions where required)

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PLAN ("EFT Plan")

(Must Be Completed For EFT)

Financial Institution: _____

Address: _____

Name of Bank Account Owner: _____

Frequency: () Monthly () Other

Account Type : () Checking or () Savings

Draft 1st premium ()

Withdrawal Date: _____ (1st thru 28th)

Routing Number:

--	--	--	--	--	--	--	--	--	--

must have 9 digits in routing #

Account Number:

Can have up to 17 positions in account #

Attach a voided check, coded deposit slip if available

I authorize the payment of debits drawn on my account payable to Columbian Life Insurance Company ("the Company"), provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this EFT Plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment which is not subsequently reversed. The use of this Plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This authorization shall not become effective unless and until the policy applied for is issued and delivered and shall relate only to premiums thereafter falling due. This authorization does not pertain to or waive repayment of any policy loan or payment of interest thereon. Such interest, if any, shall be due and payable annually on the policy anniversary.

This plan shall continue in effect until terminated by the Company or by me upon thirty days written notice to the other party. The Company may terminate the EFT Plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the EFT Plan, premiums due under the policy shall be payable directly to the Company at the minimum modal premium available at the time of issue. I understand the monthly premium charged under the EFT Plan may be lower than a regular monthly premium.

Withdrawals will be processed on or about my requested withdrawal date. The Company is not liable if withdrawals are made on differing date(s).

X

Authorized Signature as it appears on Bank Records

Date

X

Authorized Signature as it appears on Bank Records

Amount Paid With Application: \$ _____

AUTHORIZATION FOR ONE TIME ELECTRONIC FUND TRANSFER (DO NOT USE FOR DRAFT 1st PREMIUM)

For Electronic Funds Transfer, your agent will submit your application for insurance and this authorization for payment to Columbian Life Insurance Company ("the Company"). By signing this form, you authorize the Company to initiate an electronic funds transfer from your bank account.

Please note that your bank account may be debited the same day your agent submits this authorization. The below hereby authorizes the Company to draw an electronic fund transfer from my bank account for payment of new life insurance.

This will be a **one time withdrawal** from my account in the amount of \$ _____ from the account detailed below.

Financial Institution: _____

Name of Bank Account Owner: _____

Account Type : () Checking or () Savings

Routing Number:

--	--	--	--	--	--	--	--	--	--

must have 9 digits in routing #

Account Number:

Can have up to 17 positions in account #

X

Authorized Signature as it appears on Bank Records

X

Authorized Signature as it appears on Bank Records

Date

**INFORMATION
PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION**

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

UNDERWRITING

Your application, with the medical history you furnish, provides the initial basis for our evaluation. We rely on the accuracy and completeness of your answers and may make inquiries, both before and after a policy is issued, to verify this information.

SOURCES OF INFORMATION

We may request additional information from your physician(s) or hospital(s) or other medical professionals, or medical care institutions, the Medical Information Bureau, Inc., other insurance institutions to which you have applied for insurance, your employer, Columbian Life Agents, business associates, a government unit, financial institution or consumer reporting agency.

Your signature on the Authorization and Acknowledgment Form permits us to make these inquiries. Such inquiries may be made by telephone, written correspondence, or personal interview. If we request information from another insurance company, we do not ask for their underwriting action. You have the right to know (usually through a medical professional you name, in the case of medical information) what information we have obtained about you, to copy it, and if it is incorrect, to have it corrected. If we receive information about you from an insurance support organization, such information may be retained by that organization and released to others. In this connection, the following notice is given to you as required by the Federal and various State Fair Credit Reporting Acts.

WHERE TO WRITE US

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381, Binghamton, NY 13902-1381. You have a right to request the specific reason(s) for any adverse underwriting decision.

MEDICAL INFORMATION BUREAU (MIB), INC. PRE-NOTICE

The Medical Information Bureau is a nonprofit membership organization of life insurance companies. The Bureau provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901 (TTY (866) 346-3642). MIB's website is www.mib.com.

CONDITIONAL RECEIPT

Complete Only When Full Modal Premium Is Received With Application

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO
COLUMBIAN LIFE INSURANCE COMPANY. DO NOT MAKE CHECKS PAYABLE
TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Name) _____ the sum of _____ dollars. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE - The "effective date" is the later of the date of the application or a specific effective date as requested in the application.

CONDITIONS - Insurance coverage will begin on the effective date only if on that date (1) you had paid the full first premium on the policy applied for; and (2) you are insurable and an acceptable risk for the amount and plan requested, and for the premium paid. Otherwise, the Company shall have no liability except to return your payment.

TERMINATION OF COVERAGE - Any insurance that results from this receipt will terminate immediately: (1) if the Company refunds your payment or your check was not honored by your bank; or (2) if you have not received the policy within ninety (90) days after the date of this receipt. In this event, the Company will refund your payment.

Date

 X _____
Licensed Agent

**IMPORTANT NOTICE TO THE AGENT DO NOT SIGN THE CONDITIONAL RECEIPT
UNLESS A FULL MODAL PREMIUM IS TAKEN WITH THE APPLICATION**

**APPLICATION FOR
SINGLE PAY LIFE
INSURANCE OR ANNUITY**

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: [PO BOX 1381, BINGHAMTON, NY 13902-1381]

1. PROPOSED INSURED / ANNUITANT

(a) Name: First Middle Last	(b) Birth Date Mo/Day/Yr	(c) Age Nearest	(d) Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	(e) Social Security No.
(f) Home Address:	(g) City	State	Zip	

2. OWNER: (COMPLETE ONLY IF OWNER IS OTHER THAN PROPOSED INSURED / ANNUITANT)

(a) Name (First, Middle, Last): _____

(b) Address: _____

(c) Social Security No. / Tax ID No.: _____

(d) Secondary Addressee (Full Name & Address) _____

3. BENEFICIARY DESIGNATION:

(a) Primary (Full Name & Address)	Relationship To Insured / Annuitant
-----------------------------------	-------------------------------------

4. POLICY/CONTRACT INFORMATION:

PLAN OF INSURANCE: SINGLE PAY LIFE <input type="checkbox"/> Business Builder <input type="checkbox"/> Assurity <input type="checkbox"/> Tailored <input type="checkbox"/> FLEXIBLE PREMIUM DEFERRED ANNUITY Initial \$ _____	PREMIUM AMOUNT PAID \$ _____	AMOUNT OF INSURANCE \$ _____
--	------------------------------------	------------------------------------

5. REPLACEMENT:

Do you (the Proposed Insured) have any existing life insurance or annuities? ☐ YES ☐ NO

Is this application for insurance intended to replace any life insurance or annuity now in force? ☐ YES ☐ NO

(If "YES" to either question, submit any special forms required by the state in which the application is signed.)

6. SPECIAL REQUESTS OR REMARKS:

7. CONDITIONS RELATING TO THE APPLICATION & SIGNATURES:

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy/contract issued. **I understand that no insurance applied for will be effective until the premium is paid.** A copy of this application is my receipt. All premium checks must be made payable to the Company. Do not make check payable to the Agent or leave the payee blank.

If I am not the Proposed Insured / Annuitant, I hereby certify under penalty of perjury to the best of my knowledge and belief that I am authorized to effectuate insurance on the life of the Proposed Insured/Annuitant in that I have an insurable interest as defined by the applicable laws of my state.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

_____	X	_____
Date		Proposed Insured / Annuitant
_____	X	_____
Dated At (City, State)		Applicant/Owner (If other than the Proposed Insured / Annuitant)

		Applicant's Relationship to Proposed Insured / Annuitant

8. REPORT OF LICENSED AGENT:

Does the Proposed Insured have any existing life insurance or annuities? ☐ YES ☐ NO

Is this application for insurance intended to replace any life insurance or annuity now in force? ☐ YES ☐ NO

(If "YES" to either question, submit any special forms required by the state in which the application is signed.)

_____	X	_____
Name of Agency Office (Print)		Licensed Agent
_____		_____
Agency Number	Agent Number	Agent's State License ID Number (in jurisdictions where required)

Amount Paid With Application: \$_____

AUTHORIZATION FOR ONE TIME ELECTRONIC FUND TRANSFER

For Electronic Funds Transfer, your agent will submit your application for insurance and this authorization for payment to Columbian Life Insurance Company ("the Company"). By signing this form, you authorize the Company to initiate an electronic funds transfer from your bank account.

Please note that your bank account may be debited the same day your agent submits this authorization. The below hereby authorizes the Company to draw an electronic fund transfer from my bank account for payment of new life insurance.

This will be a **one time withdrawal** from my account in the amount of \$ _____ from the account detailed below.

Financial Institution: _____

Name of Bank Account Owner: _____

Account Type : () Checking or () Savings

Routing Number:

--	--	--	--	--	--	--	--	--	--

must have 9 digits in routing #

Account Number:

Can have up to 17 positions in account #

Date _____

X

Authorized Signature as it appears on Bank Records

X

Authorized Signature as it appears on Bank Records

State:	Arkansas	Filing Company:	Columbian Life Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium		
Product Name:	FPDC 5F115-CL		
Project Name/Number:	CML/82/82		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Applications to be used with contract attached under Form Schedule tab for approval.		

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
AUTH 7-31-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR CoC.pdf			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Columbian Life Insurance Company

This is to certify that the forms referenced below have achieved a Flesch Reading Ease Score as indicated below and comply with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
FORM NO. 5F115A-CL	50.1
FORM NO. A354E-CL	*
Form No. A355E-CL	53.0

*When scored with the policy, this form achieves a score of 50+.



Dorothy M. Klie
Assistant Vice President, Policy Filing and
Assistant Secretary

July 31, 2012

Date

July 31, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Columbian Life Insurance Company

By:



Dorothy M. Klie

Title: Assistant Vice President, Policy
Filing and Assistant Secretary

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Columbian Life Insurance Company

Form Title(s): Flexible Premium Deferred Annuity Contract, Application for Individual Life Insurance or Annuity, Application for Individual Single Pay Life Insurance or Annuity

Form Number(s): FORM NO. 5F115A-CL, FORM NO. A354E-CL, Form No. A355E-CL

I hereby certify that to the best of my knowledge and belief, the above forms and submission comply with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Dorothy M. Klie
Assistant Vice President, Policy Filing and
Assistant Secretary

July 31, 2012
Date